| | | ٠. | | | PTO/SB/22 (08-0 | |
|---|-------------------------------------|--|---|---|--|--|
| ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | Docket Number (Optional) 020979-001610US | | |
| | | | In re Application of DE | EM, Mark et | t al. | |
| | | | Application Number 10 | 0/612,325 | Filed July 1, 2003 | |
| | For METHODS AND D LUMINAL AND SP | | | | DEVICES FOR PHINCTER AUGMENTATION | |
| | | | Art Unit 3739 | E | xaminer | |
| applicatio | on. | | | | riod for filing a reply in the above identified | |
| The requ | _ | • • • | • | are as follov | vs (check time period desired): | |
| | | One month (37 CF | | | • | |
| | ☐ Two months (37 CFR 1.17(a)(2)) | | | | . 3 | |
| | \boxtimes | Three months (37 | | | \$950 | |
| | | Four months (37 C | | | • | |
| | | Five months (37 C | | | \$ | |
| \boxtimes | | cant claims small en ne-half, and the resul | | .27. Therefo | ore, the fee amount shown above is reduced | |
| A check in the amount of the fee is enclosed. | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| | The I | Director has already | been authorized to charge | e fees in this | application to a Deposit Account. | |
| \boxtimes | | Director is hereby au esit Account Number | | s which ma | y be required, or credit any overpayment, to | |
| | l hav | e enclosed a duplica | te copy of this sheet. | | , | |
| I am th | ne 🗌 | applicant/inven | tor. | | · | |
| | | | of the entire interest. See der 37 CFR 3.73(b) is encl | | | |
| | | attorney or agent of | of record Registration Nu | umber 29,54 | 41 | |
| | | attorney or agent u | ınder 37 CFR 1.34(a). | | · | |
| | | Registration number if | acting under 37 CFR 1.34(a) | · | | |
| WAR on th | RNING: his forr | n. Provide credit c | s form may become publ ard information and auth | lic. Credit on orization | card information should not be included on PTO-2038. | |
| | | March 1, 2004 | - | $-\Delta$ | | |
| | | Date | | \mathcal{O} | Signature | |
| | | | | *** | James M. Heslin, Reg. No. 29,541 | |
| | | | | | Typed or printed name | |
| | | fall the inventors or assign required, see below*. | ees of record of the entire interes | st or their repres | sentative(s) are required. Submit multiple forms if more | |
| Total | _ | forms are submitted. | | | | |

*Total of 60152462 v1

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